



Affidavit of Unauthorized Use

1. Full legal name of business entity: _____

2. Business number: _____

3. Affiant's name and mailing address:

Name: _____

Mailing Address: _____

City: _____ State: _____ Postal Code: _____

4. Specify the information that was not authorized to be provided:

I, the undersigned, hereby affirm that neither the affiant nor any agent of the affiant has authorized the filing identifying the affiant as registered agent, providing the affiant's street address or mailing address as an address of the registered agent or principal office, or providing the affiant's email address as that of the registered agent.

Signature: _____ Date: _____

Printed Name: _____ Email: _____

Title, if relevant: _____ Phone: _____

State of _____ County of _____

Signed and sworn (or affirmed) before me on:

_____ by _____

(Date)

(Name of individual making statement)

Notary
Stamp/Seal

X _____
(Signature of Notary Public)

Title of office: _____

My commission expires: _____
(Date)

Instructions
(Do not return with affidavit)

- The form must be complete to be accepted by the secretary of state. If any required field is left blank, the form will be returned to you without action.
- The full legal name of the business entity must include any suffix that is part of the name registered with the secretary of state, such as “LLC” or “Corporation”.
- The business number can be found by searching for the business through the Secretary of State website: sos.iowa.gov
- Do not sign the affidavit on the “Signature” line until the notary tells you to. The affidavit must be properly notarized to be accepted by the secretary of state.

SECRETARY OF STATE
Business Services Division
Lucas Building, 1st Floor
Des Moines, Iowa 50319

Phone: (515) 281-5204
Fax: (515) 242-5953

Website: sos.iowa.gov